PTO/SB/21 (09-06)

Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE leder the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/809,285 TRANSMITTAL Filing Date March 24, 2004 FEB 2 8 2007 **FORM** First Named Inventor Anthony M. Zador Art Unit 2863 **Examiner Name** Toan M. Le used for all correspondence after initial filing) Attorney Docket No. Total Number of Pages in This Submission CSHL/011 **ENCLOSURES** (Check all that apply) X Fee Transmittal Form Drawing(s) After Allowance Communication to TC Fee Attached Licensing-related Papers Appeal Communication to Board of Appeals and Interferences X Amendment/Reply Petition Appeal Communication to TC Petition to Convert to a (Appeal Notice, Brief, Reply Brief) After Final Provisional Application Proprietary Information Power of Attorney, Revocation Affidavits/declaration(s) Change of Correspondence Address Status Letter Terminal Disclaimer X Extension of Time Request Other Enclosure(s) (please Identify below): Request for Refund **Express Abandonment Request** Return Receipt Postcard. CD, Number of CD(s) _ Information Disclosure Statement Landscape Table on CD Certified Copy of Priority Remarks Document(s) The Director is hereby authorized to charge payment of any additional filing fees required under 37 C.F.R. § 1.16, to Deposit Account No. 06-1075 (Order No. 000927-Reply to Missing Parts/ 0038). A duplicate copy of this letter is enclosed. Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Fish & Neave IP Group, Ropes & Gray LLP Signature Printed name Andrew Van Court February 28, 2007 Date 48,506 Registration No. **CERTIFICATE OF MAILING UNDER 37 CFR 1.10 EXPRESS MAIL LABEL NO. EV930025371US** I hereby certify that this correspondence is being deposited with the United States Postal Service "EXPRESS MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1_10-on the date indicated above and is addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. Signature

ROSE MARIE DHANFALI

Typed or printed name

February 28, 2007

Date

Effective on 12/08/2004.
Fees pussent to the Consolidated Appropriations Act, 2005 (H.R. 4818).

Application Nur
Filing Date

For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

Complete If Known Application Number 10/809,285 Filing Date March 24, 2004 First Named Inventor Anthony M. Zador Examiner Name Toan M. Le Art Unit 2863 Attomey Docket No. CSHL/011

TOTAL AMOUNT OF PAY	MENT	(\$)600.00	Att	omey Docket No.	CSHL/0	011					
METHOD OF PAYMENT (check all that apply)											
Check Credit Card Money Order Other (please identify):											
Deposit Account Deposit Account Number: 06-1075, Order No. 000927-0038											
Deposit Account Name: <u>Fish and Neave IP Group</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)											
Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 Charge fee(s) indicated below, except for the filing fee Credit any overpayments Credit any overpayments											
information and authorization on PTO-2038.											
FEE CALCULATION											
1. BASIC FILING, SEAR											
	FILING	Small Entity	SEARCH	Small Entity	EXAMINA	ATION FEES Small Entity					
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)				
Utility	300	150	500	250	200	100					
Design	200	100	100	50	130	65					
Plant	200	100	300	150	160	80					
Reissue	300	150	500	250	600	300					
Provisional	200	100	0	0	0	0					
2. EXCESS CLAIM FEE	-	mall Entity									
Fee Description	<u>5</u> Fee (\$)	Fee (\$)									
Each claim over 20 (inclu	50	25									
Each independent claim of	200	100									
Multiple dependent claim	ıs	•				360	180				
Total Claims	Extra Cl			aid (\$)		Multiple Depe					
- 53 or HP =		× <u>0.00</u>	= 0.00			<u>Fee (\$)</u>	Fee Paid (\$)				
HP = highest number of total claim			t)	aid (4)							
Indep. Claims 12 - 6 or HP =	Extra Cl										
		x 100.00	= 600.0	<u> </u>							
HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer											
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50											
sheets or fraction the	, ,			•		• /					
	ra Sheets			ditional 50 or fract		<u>Fee (\$)</u>	Fee Paid (\$)				
4. OTHER FEE(S)		Fee Paid (\$)									
	Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):										
Other (e.g., late filing	· .		··· - ··· ···								

SUBMITTED BY		_//				
Signature	Ama	hu Va	Cont		Registration No. 48,506 (Attorney/Agent)	Telephone 212-596-9000
Name (Print/Type)	Andrew V	'an Court		_		Date February 28, 2007